

1. NUMBER: FD-01-001	2. PCN: PB20258	MSFC ENGINEERING CHANGE REQUEST (ECR) (See Instructions - MSFC Form 2327-2)		3. DATE: 14 February 2001	4. PAGE 1 of 1
5. TO: NPOCB Chair/Barbara Cobb		6. THRU:		7. FROM: FD35/Alice Dorries	
8. TITLE OF CHANGE: Update Increment 3 Training Data Set					
9. RECOMMENDED PRIORITY: <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Routine			10. NEED DATE:		
11. PROGRAM(S)/PROJECT(S) AFFECTED: ISS			12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE: PDL Training Data Set		
13. RECOMMENDED EFFECTIVITY(IES):			14. DOCUMENTATION AFFECTED (Specs, ICD, etc.):		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER:			15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc.		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet) Baseline the increment 3 Training Data Set to reflect current requirements. Include Ultrasound, PERS, Dream Time and ARIS ICE data sets. The Ultrasound checkout is already identified in the I-3 PIA and iURC, PERS, Dream Time and ARIS ICE are additions to the Increment.					
17. EFFECTS ON: <input checked="" type="checkbox"/> Hardware <input type="checkbox"/> Facility <input type="checkbox"/> Schedule (See Enclosure for impact) <input checked="" type="checkbox"/> Requirements Documentation <input type="checkbox"/> Software <input type="checkbox"/> Environment <input type="checkbox"/> Cost (Estimated cost included in Enclosure) <input type="checkbox"/> Other (Specify):					
18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) 1. Baseline Ultrasound, PERS, Dream Time and ARIS ICE training sessions to reflect Increment 3 on-orbit requirements (see enclosure).					
19. MOD KIT INFORMATION:					
Yes No				Enclosure	Paragraph
<input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain)					
<input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)					
Proofing Location:					
<input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change)					
<input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification)					
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time	
20. SIGNATURE OF ORIGINATOR: Alice Dorries /s/		DATE: 14 Feb 2001	TELEPHONE NUMBER: 256.5444350	OFFICE SYMBOL: FD35	
21. CONCURRENCE					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE
22. TECHNICAL APPROVAL					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE